



TASMANIAN  
**HEALTH  
SENATE**

*LONG-TERM PLAN FOR HEALTHCARE IN TASMANIA 2040*  
Meeting Report

Tasmanian Health Senate 15 May 2023

## **Acknowledgement of Country**

The Tasmanian Health Senate respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

## **Recognition Statement**

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness.

Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.

## Contents

<b>Acknowledgement of Country</b>	<b>2</b>
Recognition Statement	2
<b>Message from the Co-Chair</b>	<b>4</b>
<b>1. Introduction</b>	<b>5</b>
Formation of the Tasmanian Health Senate	5
The Inaugural Tasmanian Health Senate Meeting	6
<b>2. Recommendations</b>	<b>7</b>
<b>3. Attendance</b>	<b>9</b>
Presenters	9
Guests	9
Additional Attendance	9
Tasmanian Health Senate Members in attendance	10
<b>4. Summary of Workshop Discussions</b>	<b>11</b>
4.1 Strengthening prevention and early intervention	11
4.2 Optimising rural health services	12
4.3 Enhancing the role of our hospitals	13
4.4 Addressing subacute care needs	14
4.5 Strengthening our relationship with primary healthcare	15
4.6 More care in the home and community	16
<b>5. Next Steps</b>	<b>18</b>
5.1 Health Secretary and Health Executive	18
5.1 Future Senate Meetings	18
<b>6. Appendix</b>	<b>19</b>
Appendix 1. Tasmanian Health Senate Members	19
Appendix 2. Tasmanian Health Senate Meeting Agenda	21
Appendix 3. Senate Work Groups	22

## Message from the Co-Chair

The inaugural Tasmanian Health Senate (the Senate) was officially opened on Monday the 15<sup>th</sup> of May 2023 by Health Secretary, Kathrine Morgan-Wicks. The Secretary congratulated members on their appointments and commended their enthusiasm and passion for shaping the future direction of Tasmania's health system.

The focus of the first meeting of the Senate was two-fold; To understand the responsibilities and influence of the senate and to explore the exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040* (Long-Term Plan), a blueprint for the future of healthcare in Tasmania.

The Senate was also attended by Tasmania's Chief Medical Officer, Professor Tony Lawler who confirmed the role of the Senate and outlined what it means to be a member. Dr Tanya Kelly, Chair of the Queensland Clinical Senate also shared valuable insights from the Queensland Clinical Senate over the last 14 years. Dr Sonj Hall, Deputy Secretary, Purchasing, Policy, Performance and Reform also attended as an invited guest to the meeting.

The Senate had the opportunity to review the Long-Term Plan in further detail through forming small groups to focus on key action areas within the Plan. Members were encouraged to provide fresh ideas and perspectives when considering their feedback and advice and when forming recommendations.

On behalf of the Steering Committee, we thank the presenters who attended the Senate. Their knowledge and insight set the scene for the day and discussions to follow. We also thank all members and guests who attended the inaugural Senate debate and acknowledge the contributions of the Steering Committee and Senate members.

I look forward to working with Senate members to shape Tasmania's health system.



Associate Professor Viet Tran  
Co-Chair  
Tasmanian Health Senate



## 1. Introduction

### Formation of the Tasmanian Health Senate

Health and Clinical Senates across Australia and overseas have been found to make a positive impact on healthcare reform and clinical engagement by strengthening the clinical and consumer voice in health planning. In mid-2022, the Tasmanian Health Minister announced the formation of the Tasmanian Health Senate, a respected independent advisory group that brings together individuals from across the health service, including clinicians and consumers, to provide leadership and independent advice to the Department of Health Secretary and Health Minister on system-wide healthcare planning and delivery.

In late 2022, an expression of interest was sought from the Tasmanian community. In early 2023, from over 150 applicants, 37 senate members, 8 steering committee members and 2 Co-chairs were appointed (appendix 1). Central to the selection process was diversity, ensuring equitable representation of gender, age, career stage and cultural background as well as geographical areas across the state.

The Senate considers system-wide priorities that affect access, quality, safety, efficiency, and sustainability of health services to develop informed, impartial, and integrated advice that enhances patient care and health outcomes.

The Tasmanian Health Senate functions independently under the authority of the Secretary and is supported by the Minister for Health.

*Central to  
the selection  
process was  
diversity*



*The Inaugural Tasmanian Health Senate (full membership in Appendix 1)*

*The Tasmanian Health Senate Steering Committee left to right: Dr Benjamin Dodds, Associate Professor Viet Tran (Co-Chair), Mr Marcus DiMartino, Mrs Lisa Sanderson, Dr Katja Lindemann, Ms Judith Taylor, Ms Merinda Sainty, Dr Ioan Jones.*

*Absent: Clinical Associate Professor Marcus Skinner (Co-Chair), Dr Juan Carlos Ascencio-Lane.*



## **The Inaugural Tasmanian Health Senate Meeting**

For the inaugural Senate meeting, the steering committee was cognisant of the need to develop a shared understanding of the role, function, process and impact of the new senate. To provide this context, the Health Secretary and Chief Medical Officer were invited to present the development, structure and terms of reference for the senate. Dr Tanya Kelly, Chair of the Queensland Clinical Senate, was also invited to provide insights into their 14-years-strong senate.

The cornerstone of the senate's advisory power is through its members. The steering committee considered a broad range of topics and nominated the exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040* as the theme for the first debate to further understand the processes of the senate and provide guiding advice from the senate regarding important priorities to influence future debates.

## 2. Recommendations

The Senate considered the core tenants of the exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040* and were supportive of the plan in principle. The senate provided further recommendations to the plan.



### Recommendation 1

Investigate how funding silos between the public, private and community can be optimised to generate new solutions.



### Recommendation 2

Develop a centralised navigation hub to connect consumers and clinicians to the public, private and community services needed. This would start with creating a map of the one health system.



### Recommendation 3

To provide a strong and supportive peer workforce to compliment the clinical workforce in a Community Health Centre / Community Hub.



### Recommendation 4

Enable and support ongoing blended models of person-centred care that identify the appropriate care or support required (such as the option of virtual or face-to-face care).



### Recommendation 5

Identify current and future priority consumer populations to target enhanced cultural competence and increased health literacy.



### Recommendation 6

Expand and enhance virtual care in key areas that is contextually appropriate and utilises the strengths of virtual care to its full potential.

The recommendations noted below relate directly to edits or additions to the *Long-Term Plan for Healthcare in Tasmania 2040*:

- Ensure partnerships with local government are acknowledged
- Provide an opening statement for the action on ‘strengthening our relationship with primary care’ that forms a recommendation to provide context for the key actions
- Remove action 1.1.6 as this should come out of developing the Chronic Conditions Strategy (note updating the term from Disease to Condition).



*The Inaugural Tasmanian Health Senate includes 37 senate members, 8 steering committee members and 2 Co-Chairs (appendix 1)*



### 3. Attendance

#### Presenters

- Kathrine Morgan-Wicks, Secretary Department of Health (DoH)
- Professor Tony Lawler, Chief Medical Officer (DoH)
- Dr Tanya Kelly, Chair, Queensland Clinical Senate (Online)

#### Guests

- Dr Sonj Hall, Deputy Secretary, Purchasing, Policy, Performance and Reform (DoH)

#### Additional Attendance

- Mrs Hannah Paal, Director, Health Planning (DoH)
- Mrs Marnie Rybak, A/Manager Strategic Planning, Projects and Engagement (DoH) Secretariat, Tasmanian Health Senate



*Professor Tony Lawler, Chief Medical Officer, explaining the role of the senate.*

## Tasmanian Health Senate Members in attendance

Associate Professor Viet Tran (Co-Chair)	Mr Craig Chadwick
Dr Benjamin Dodds	Mr Graeme Lynch
Dr Ioan Jones	Mr Bruce Levett
Dr Katja Lindemann	Mr Peter Barns
Mrs Lisa Sanderson	Mr Peter O'Sullivan
Mr Marcus DiMartino	Mr Phil Edmondson
Ms Judith Taylor	Mrs Alison Spicer
Ms Merinda Sainty	Mrs Angela Weeden
Associate Professor Alasdair MacDonald	Mrs Catherine Meredith
Dr Aaron Hawkins	Mrs Heidi Modrovich
Dr Fiona Tann	Ms Amrita Sinha
Mr Andrew Mitchell	Ms Angela Waite
Dr Jessica Kneebone	Ms Dimitra Papavassiliou
Dr Liz Webber	Ms Emily Shepherd
Dr Peter Sharman	Ms Ilwoo Park
Ms Sue Sagewood	Ms Laura Ribarow
Dr Scott McKeown	Ms Lauren Abbot
Dr Shehzad Kunwar	Ms Leah Magliano
Dr Theresa Naidoo	Ms Monique Mackrill
Dr Toby Gardner	Ms Peta Titter
Kati Bruton	Professor Judith Walker
Lily Foster	Dr Eleanor Woolveridge

<sup>1</sup> Senate Steering Committee Member

<sup>2</sup> Proxy for Heather Gluyas

<sup>3</sup> Proxy for Samantha Wyton

## 4. Summary of Workshop Discussions

After hearing from the guest presenters, Tasmanian Health Senate members formed into small groups to focus their attention on particular action areas within the *Long-Term Plan for Healthcare in Tasmania 2040*. Members nominated their topic preferences prior to the Senate (appendix 3). Members were provided with broad background information on their area of interest and were supported with general questions. A Steering Committee member was included in each group and guided robust discussion and the development of draft recommendations. This member presented key highlights of the discussion and the drafted recommendations to all Senate members.

Overall, groups noted common themes including the ongoing fundamental demand to build a sustainable and capable workforce across the health sector. Improving health literacy was also recognised as a priority to improve the effectiveness of innovative healthcare services such as virtual care.

The following provides a summary for each key area debated by the Senate.

*Improving health literacy was also recognised as a priority*



### 4.1 Strengthening prevention and early intervention

The group agreed with the actions to strengthen prevention and early intervention in the Long-Term Plan. Members discussed the need to embed prevention and health promotion to make meaningful change, noting that approaches to share information need to be relatable and relevant in schools, workplaces, with community groups and Aboriginal communities.

#### 4.1.1 Observations

- While prevention seems to be widely accepted as necessary for improvements to health; there is lack of commitment to fund and implement prevention programs.
- Successful prevention and early intervention strategies and programs will require a whole of community and multi-Agency approach, for example the Department of Health; Department for Education, Children and Young People; and Department of Justice working together.
- Health staff are generally supportive of prevention and health promotion; however, they report barriers including lack of training, lack of time and resource to enable them to action.
- There are areas where the Department of Health could implement small wins ie removing sugar sweetened drinks from hospital facilities. It was noted these activities should always be part of a larger strategy.

#### 4.1.2 Opportunities

- There are many examples in other jurisdictions of health prevention strategies that work well. There is opportunity to explore what might be replicated in the Tasmanian health system.
- The *Healthy Tasmania Five-Year Strategic Plan* along with the *Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians* (Premier’s Health and Wellbeing Advisory Council) outline a commitment from the Tasmanian Government to prioritise the health and wellbeing of Tasmanians with prevention being a key area of healthcare and support for a multi-agency approach to preventative health.
- The *International Network of Health Promoting Hospitals and Health Services* is a member network that offers support, training and resources to member organisations. There is an opportunity for Tasmanian hospitals to explore membership and implement processes.



## 4.2 Optimising rural health services

The group discussed rural workforce issues such as recruitment and retention and its dependence on overseas recruitment and how staff can be appropriately supported. The group also discussed how international students could be supported and encouraged to work in rural placements. It was noted that when patients need healthcare, they need it to be easily accessible, with no wait times, no long travel, and in a rural community having GPs and Pharmacist working together or co-located.

#### 4.2.1 Observations

- Digital health is extremely important; it gives clinicians on the ground a safety net to feel support and provides them with oversight to assist patients across the whole of state and makes work easier for staff. Acknowledging that internet access in remote communities can be an issue.
- Virtual care systems and community health navigators could provide further assistance to local clinicians through triaging and consultation.
- Rural areas are always relying on ‘Plan A’ when it comes to workforce. Where is ‘Plan B’ and / or ‘C’ when something may happen, for example, to the only GP in a remote area.
- There is a need to support international graduates with transiting into an Australian community, particularly in a rural setting.

#### 4.2.2 Opportunities

- The establishment of a Tasmanian Remote Clinical Network to understand rural needs, make connections and provide advice to health leaders for decision making.
- Increased awareness in rural and remote communities of out of hours services like GP Assist and Health Direct.

- Investigate utilising Nurse Practitioners and Paramedics and expanding the scope of pharmacists and allied health in rural communities.
- Support and encourage local youth to study or upskill and be able to work within their community easily and being able to guide them into the health workforce.



### 4.3 Enhancing the role of our hospitals

The group discussed breaking down silos along with the need to strengthen the clinical workforce. This included, transferring patients and workforce mobility between the public and private sector. Further discussion was directed at innovative Models of Care, such as, virtual care and integrating care between the public and private care sectors, including subacute and sub-specialities to generate new solutions.

## *Create family friendly, flexible and innovative work environments*

#### 4.3.1 Observations

- Drive the workforce across public, private and community with the support of research and education (eg Menzies Institute for Medical Research, UTAS, and other universities).
- Provide more resources to encourage and strengthen the public and private relationships.
- Look at acute care including the transition points to incorporate ‘step down facilities’ and bridging into age care to integrate with subacute and primary care services.
- There is a need for innovation; doing less of the same and instead new innovated Models of Care, such as virtual hospitals and virtual wards etc.
- The sustainability of the North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH) versus one strengthened innovated health care centre.

#### 4.3.2 Opportunities

- Embed research into the Tasmanian Role Delineation Framework (TRDF) to strengthen the clinical workforce and increase its mobility, and to partner with private, public and communities.
- Develop flexible funding arrangements / exemptions between the public and private sectors.
- Support care networks through the public and private hospitals working together on service planning for specialities and consider joint appointments to attract medical staff.
- Create family friendly, flexible and innovative work environments, this includes supporting an aging workforce.



## 4.4 Addressing subacute care needs

The group discussed the potential to improve care offered to older persons, in particular palliative care and older person's mental health. It was noted that virtual care can play a significant role in enhancing these services. The group noted the importance of using all aspects of the health system to their best capacity, including both public and private sectors (working in partnership where appropriate) and existing infrastructure across Tasmania, including district hospitals.

### 4.4.1 Observations

- Sometimes sub-acute care has been seen as an intermediate step between hospital and home, but it should be seen as standalone service. Subacute care should be seen as a referral path from both primary and tertiary service.
- Workforce availability, capability and capacity is essential to being able to implement key recommendations and future reforms. For example, upskilling staff to appropriately use and be comfortable ICT like telehealth.
- It is important that services are consumer centred.
- The 2023-24 Federal Budget introduces the potential for more team-based care and may expand what is available in the way of sub-acute care in the community through scope of service.
- Improving digital literacy is a key driver of enabling update of virtual care models.

### 4.4.2 Opportunities

- Improve the utilisation of all health assets and resources to their maximum potential, including across private and public sectors.
- Provide purpose built palliative care services across the state, which allows for potential future growth and integrated with existing service models.
- Expand and enhancing the use of virtual care to provide care to older persons in their home and the community.

*Virtual care can play a significant role  
in enhancing these services*



## 4.5 Strengthening our relationship with primary healthcare

The group broadly agreed with the actions outlined in the Long-Term Plan to strengthen our relationship with primary healthcare. The group discussed primary care workforce, suggesting a broadening of the actions to incorporate all professions and service providers alongside the important actions needed to support general practice, community pharmacists, extended scope of nursing, allied health and paramedicine practitioners, particularly in rural areas.

# *Lead and advocate for changes to funding models to support what we know from cost/benefit analyses of investing in primary care*

### 4.5.1 Observations

- Accessing services can be challenging and due to disjointed services, it can be difficult for people to navigate them. How can people learn what services and support are available to them and how to access them?
- Change how we design service models. work and teach, moving away from medical models to true multi-disciplinary and inter-organisation approaches of care.
- Acknowledged that the GP single employer model is a pilot program and there are other actions/models that can support the delivery of the goal of building rural workforce capacity.
- Ensure MBS billing implications are considered and understood when developing new models.
- GPs with special interest (GPSIs) are an attractive retention tool and may improve the primary/acute interface and provide opportunity to work in Community Health Centres. Also, an opportunity to extend to other health practitioner roles.
- Health Pathways are supported as a clinical guide but may be better used as a service guide/menu.

### 4.5.2 Opportunities

- Tasmania's Primary Healthcare Strategy and Action Plan be developed in a similar way to the national framework which was co-designed through a series of round table discussions with stakeholder groups.
- Lead and advocate for changes to funding models to support what we know from cost/benefit analyses of investing in primary care.

- Need to look at care from a whole system perspective and acknowledge the role of local government and Non-Government Organisations strengthening primary care relationships and more broadly across all action in the Long-Term Plan.



## 4.6 More care in the home and community

The group discussed how services could be linked together in a community setting, for example providing families and children with support through schools, child health checks and allied health services and how to link in other services like housing and police if needed. The group also discussed increasing the capacity of out-reach services to help divert care from the hospital and into the community. Finally, the group noted the future use of AI (artificial intelligence) in the provision of health services.


### 4.6.1 Observations

- Currently patients and families face too many barriers to what they need in terms of the right pathway to care and then accessing that care.
- Accessible services in the community is reliant on the community's health literacy, technical ability or access and the person involved.
- A 'one size fits all' model is not appropriate, acknowledging that not all patients are the same nor have the same needs. Care needs to be person centred, noting that not everyone wants a clinical approach to care and may benefit from a range of services and support and having the right pathway to guide this and link in with other services (ie allied health, housing).
- Some services or support can work better when provided in the home (it can provide a wholistic view of a person's needs) and patients benefit from receiving care at home.
- Virtual care does not replace face to face care, it can enhance it.
- Some matters might not be well managed with virtual care and there may be a risk in missing key information during an assessment (ie it is difficult to assess a baby's hips or hearing virtually).
- Staff need to be supported to use virtual care.

### 4.6.2 Opportunities

- Virtual care can assist staff to be safe when providing care.
- A strong supportive peer workforce to compliment the clinical workforce in the community.





*Patients and families face too many barriers to what they need in terms of the right pathway to care*

- What does the name ‘community health centre’ mean to you? Would the term or concept of a ‘community hub’ be better understood by people and utilised if a range of services can be provided?

## 5. Next Steps

### 5.1 Health Secretary and Health Executive

In accordance with the Tasmanian Health Senate Terms of Reference and Operational Framework, the draft meeting report was considered by the Steering Committee. Following the Committees endorsement, the Co-Chair(s) will present it to the Secretary, Department of Health.

It will also be presented to the Department's Health Executive for consideration.

Reporting on these recommendations will occur in the coming months and will be available on the Department of Health website and discussed at future senate meetings.

### 5.1 Future Senate Meetings

The inaugural Health Senate meeting offered rich areas of discussion and future discussion. These topics, as well as those identified by the Health Secretary, will be considered by the steering committee. Matters of current and emerging strategic importance will be discussed to ensure that future senate topics empower the senate to consider and formulate practical innovative recommendations in the context of clinical and operational best practice.

## 6. Appendix

### Appendix I. Tasmanian Health Senate Members

<b>Name</b>	<b>Position</b>
Associate Professor Viet Tran	Co-Chair
Clinical Associate Professor Marcus Skinner	Co-Chair
Dr Benjamin Dodds	Steering Committee Member
Dr Ioan Jones	Steering Committee Member
Dr Juan Carlos Ascencio-Lane	Steering Committee Member
Dr Katja Lindemann	Steering Committee Member
Mrs Lisa Sanderson	Steering Committee Member
Mr Marcus DiMartino	Steering Committee Member
Ms Judith Taylor	Steering Committee Member
Ms Merinda Sainty	Steering Committee Member
Associate Professor Alasdair MacDonald	Member
Dr Aaron Hawkins	Member
Dr Fiona Tann	Member
Dr Heather Gluyas	Member
Dr Jessica Kneebone	Member
Dr Liz Webber	Member
Dr Peter Sharman	Member
Dr Samantha Wyton	Member
Dr Scott McKeown	Member
Dr Shehzad Kunwar	Member
Dr Theresa Naidoo	Member
Dr Toby Gardner	Member
Kati Bruton	Member
Lily Foster	Member
Mr Andrew Mitchell	Member
Mr Bruce Levett	Member
Mr Craig Chadwick	Member
Mr Graeme Lynch	Member
Mr Peter Williams	Member
Mr Peter Barns	Member


<b>Name</b>	<b>Position</b>
Mr Peter O'Sullivan	Member
Mr Phil Edmondson	Member
Mrs Alison Spicer	Member
Mrs Angela Weeden	Member
Mrs Catherine Meredith	Member
Mrs Heidi Modrovich	Member
Ms Amrita Sinha	Member
Ms Angela Waite	Member
Ms Dimitra Papavassiliou	Member
Ms Emily Shepherd	Member
Ms Ilwoo Park	Member
Ms Laura Ribarow	Member
Ms Lauren Abbot	Member
Ms Leah Magliano	Member
Ms Monique Mackrill	Member
Ms Peta Titter	Member
Professor Judith Walker	Member

## Appendix 2. Tasmanian Health Senate Meeting Agenda

### Tasmanian Health Senate Agenda

Venue: Merino Room, The Old Woolstore, 1 Macquarie Street, Hobart  
 Date: 15 May 2023  
 Time: 9:30 am – 3:30 pm  
 Guests: Kathrine Morgan-Wicks, Professor, Tony Lawler, Dr Tanya Kelly

### Meeting Items

Item	Lead	Time
<b>Morning Tea and Networking – Informally from 9:30 am</b>		
<b>1 Welcome</b>		
1.1 Welcome	Co-Chair Viet Tran	10:00 am
1.2 Welcome to Country 	Merinda Sainty	10:05 am
1.3 Introduction	Co-Chair Viet Tran	10:20 am
<b>2 Introduction and Evidence</b>		
2.1 Long-Term Plan for Healthcare in Tasmania 2040 and the Senate by the Secretary DoH (presentation)	Kathrine Morgan-Wicks	10:25 am
2.2 Introduction to Senates by the Chief Medical Officer, DoH (presentation)	Professor Tony Lawler	10:50 am
Morning Tea Break		11:10am
2.3 QLD Senate experience by the Chair, Queensland Clinical Senate (presentation – live link)	Dr Tanya Kelly	11:30 am
<b>Lunch Break and Networking</b>		12:00 pm
<b>3 Senate Debate</b>		
3.1 Breakaway workshop groups by key action area <i>Led by a Steering Committee member, groups will discuss the topic guided by questions and form a PowerPoint slide for advice and draft recommendations. DoH to provide scribes</i>	All	12:30 pm
<b>4 Presentation of Advice and Recommendations</b>		
4.1 Group presentation on each key action area	Steering Committee	1:30 pm
<b>5 Finalise Recommendations</b>		
5.1 Members to vote/agree on recommendations	Co-Chair	2:30 pm
<b>6 Close</b>		
6.1 Close and Next Steps	Co-Chair	2:50 pm
<b>Afternoon Tea and Networking – Informally until 3:30 pm</b>		
<b>7 Next Meeting: TBC</b>		

## Appendix 3. Senate Work Groups

### Prevention – Strengthening Prevention and Early Intervention

**Steering Committee Member:** Ioan Jones

**Group Membership:**

Graeme Lynch, Peta Titter, Fiona Tann, Scott McKeown, Dimitra Papavassiliou, Heidi Modrovich, Angela Waite

### Rural and Remote – Optimising rural health services

**Steering Committee Member:** Benjamin Dodds

**Group Membership:**

Kati Burton, Alison Spicer, Monique Mackrill, Lauren Abbot, Peter Barns, Ilwoo Park

### Acute – Enhancing the role of our hospitals

**Steering Committee Member:** Katja Lindemann

**Group Membership:**

Laura Ribarow, Leah Magliano, Catherine Meredith, Sue Sagewood, Peter Sharman, Shehzad Kunwar

### Subacute – Addressing subacute care needs

**Steering Committee Members:** Judith Taylor and Marcus DiMartino

**Group Membership:**

Toby Gardner, Craig Chadwick, Phil Edmondson, Alasdair MacDonald, Eleanor Woolveridge

### Primary Care – Strengthening our relationship with primary healthcare

**Steering Committee Member:** Lisa Sanderson

**Group Membership:**

Peter O’Sullivan, Jessica Kneebone, Liz Webber, Amrita Sinha, Judith Walker, Aaron Hawkins

### Community – More care in the home and community

**Steering Committee Member:** Merinda Sainty

**Group Membership:**

Andrew Mitchell, Emily Shepherd, Angela Weeden, Lily Foster, Theresa Naidoo, Bruce Levett

### **Copyright notice and disclaimer**

Copyright in this publication is owned by the Crown in Right of Tasmania, represented by the Department of Health.

Information in this publication is intended for general information only and does not constitute professional advice and should not be relied upon as such. No representation or warranty is made as to the accuracy, reliability or completeness of any information in this publication.

Readers should make their own enquiries and seek independent professional advice before acting on or relying upon any of the information provided.

The Crown, its officers, employees and agents do not accept liability however arising, including liability for negligence, for any loss resulting from the use of or reliance upon information in this publication.

For more information contact the Tasmanian Health Senate via email [healthsenate@health.tas.gov.au](mailto:healthsenate@health.tas.gov.au)

© State of Tasmania 2023



Department of Health  
GPO Box 125  
Hobart TAS 7001

1300 135 513

[www.health.tas.gov.au](http://www.health.tas.gov.au)